



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number

Reporting Agency's Record Number: 2019-00030673

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# of Vehicles Involved:	3	# of Non-Motorists Involved:	0	# of Fatal Injuries:	0	# of A B or C Injuries:	3		
Date / Time of Crash:	08/09/2019 / 0745	Date / Time Crash Reported:		08/09/2019 / 0746	Time of Arrival:			0806	
County:	KANAWHA	Municipality or Place of Crash:	SISSONVILLE		GPS Coordinates:				
Highway Class:	<input type="radio"/> Interstate	<input type="radio"/> US	<input type="radio"/> WV	Supplemental Designation:					
<input checked="" type="radio"/> County/HARP	<input type="radio"/> City Street	<input type="radio"/> State Park / Forest Road	<input type="radio"/> Not Applicable	<input type="radio"/> Spur	<input type="radio"/> North	<input type="radio"/> East	<input type="radio"/> Truck Route	<input type="radio"/> Other	
<input type="radio"/> Private Road	<input type="radio"/> Private Property/Off-Roadway	<input type="radio"/> Other	<input type="radio"/> Alternate	<input type="radio"/> Ramp	<input type="radio"/> South	<input type="radio"/> West	<input type="radio"/> Toll		
Route:	021 / 00	Milepost:	Ramp:	Street:	SISSONVILLE DRIVE				
Other Description of Location:				Intersecting Street:					
Relation to Junction / Junction Type:				Intersection Type:					
<input checked="" type="radio"/> Non-Junction <input type="radio"/> Junction, Non-Interchange Area <input type="checkbox"/> Intersection <input type="checkbox"/> Intersection-Related <input type="checkbox"/> Interstate to Interstate <input type="checkbox"/> Railroad Grade Crossing #: <input type="checkbox"/> Median Crossover-Related <input type="checkbox"/> Business or Residential Driveway/Alley Access <input type="checkbox"/> Other Non-Interchange				<input type="radio"/> Junction, Interchange Area <input type="checkbox"/> Thru Roadway <input type="checkbox"/> Merge/Diverge Area <input type="checkbox"/> Intersection <input type="checkbox"/> Intersection-Related <input type="checkbox"/> Entrance / Exit Ramp <input type="checkbox"/> Other Part of Interchange					
Manner of Collision:				Angle (Front to Side) Same Direction	Right Angle	Environmental Contributing Circumstances (Select Up to 3):			
<input type="radio"/> Single Vehicle Crash <input type="radio"/> Rear End <input checked="" type="radio"/> Head-On <input type="radio"/> Sideswipe, Same Direction <input type="radio"/> Sideswipe, Opposite Direction <input type="radio"/> Rear-to-Side <input type="radio"/> Rear-to-Rear				 OR 	 OR 	<input type="checkbox"/> None <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Physical Obstruction(s) <input type="checkbox"/> Glare <input type="checkbox"/> Animal(s) in Roadway Type: <input type="checkbox"/> Other:			
Weather (Select Up to 2):				Lighting:					
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Fog, Smog, Smoke				<input type="checkbox"/> Rain <input type="checkbox"/> Sleet, Hail, or Freezing Rain <input type="checkbox"/> Snow	<input type="checkbox"/> Blowing Snow <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Blowing Sand, Soil, Dirt	Other	Daylight	Dawn	
							<input type="radio"/> Dark - Lighted	<input type="radio"/> Dusk	
							<input type="radio"/> Dark - Not Lighted	<input type="radio"/> Other	
Roadway Surface Condition:				Location of First Harmful Event:					
<input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Snow				<input type="radio"/> Slush <input type="radio"/> Ice / Frost <input type="radio"/> Water (Standing / Moving)	<input type="radio"/> Mud, Dirt, Gravel, Sand <input type="radio"/> Shoulder <input type="radio"/> Median	<input type="radio"/> On Roadway <input type="radio"/> Roadside <input type="radio"/> Gore <input type="radio"/> Separator	<input type="radio"/> In Parking Lane or Zone <input type="radio"/> Off Roadway, Location Unknown	<input type="radio"/> Outside of Right-of-Way <input type="radio"/> Unknown	
Roadway Surface Type:				Asphalt	Concrete	Gravel	Dirt	Brick	Other:
First Harmful Event:				COLLISION WITH:					
<input type="radio"/> Overturn / Rollover <input type="radio"/> Fire / Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Cargo / Equipment Loss or Shift <input type="radio"/> Fell / Jumped from Motor Veh <input type="radio"/> Thrown or Falling Object <input type="radio"/> Other Non-Collision				<input type="radio"/> Pedestrian <input type="radio"/> Pedalcycle <input type="radio"/> Railway Vehicle <input type="radio"/> Animal <input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Parked Motor Vehicle <input type="radio"/> Work Zone / Maintenance Equip <input type="radio"/> Other Non-Fixed Object <input type="radio"/> Impact Attenuator / Crash Cushion	<input type="radio"/> Bridge Overhead Structure <input type="radio"/> Bridge Pier or Support <input type="radio"/> Bridge Rail <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Guardrail Face <input type="radio"/> Guardrail End <input type="radio"/> Cable Median Barrier	<input type="radio"/> Concrete Traffic Barrier <input type="radio"/> Other Traffic Barrier <input type="radio"/> Tree (Standing) <input type="radio"/> Utility Pole/Light Support <input type="radio"/> Traffic Sign Support <input type="radio"/> Traffic Signal Support <input type="radio"/> Other Post, Pole, or Support <input type="radio"/> Fence <input type="radio"/> Mailbox <input type="radio"/> Other Fixed Object			

EXHIBIT

1

Tables

Crash Record Number**Reporting Agency's Record Number:** 2019-00030673**Page 2 of 16****Road - Contributing Circumstances: (Select Up to 3)**

None
 Road Surface Condition (Wet, Icy, etc.)
 Debris

Ruts, Holes, Bumps
 Worn, Travel Polished Surface
 Obstruction in Roadway
 Pavement Markings Not Visible

 Shoulders None Low Soft High Problem w/ Traffic Ctrl Device Inoperative Missing Obscured**School Bus Related:****School Zone Related:****Type of School Zone Sign:****School Zone Flashers:****School Zone Speed Limit:**

No
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

No
 Yes

When Present None
 When Flashing
 Lists Specific Times

Present, Not Active
 Present, Active
 Not Present

Work Zone Related:**Workers Present:****Work Zone Speed Limit:****Location of Crash in Work Zone:****Type of Work Zone:** Intermittent or Moving Work

Yes
 No
 Unknown

Before 1st Warning Sign
 Advance Warning Area
 Transition (Merge) Area

Activity Area
 Termination Area

Lane Closure
 Lane Shift / Crossover
 Work on Shoulder or in Median

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON FRIDAY, AUGUST 09, 2019 AT APPROXIMATELY 07:46 A.M., I WAS DISPATCHED BY METRO COMMUNICATIONS TO 7014 SISSONVILLE DRIVE IN SISSONVILLE, KANAWHA COUNTY, IN REFERENCE TO A 3-VEHICLE CRASH WITH INJURY.

UPON MY ARRIVAL, I OBSERVED THE FOLLOWING: VEHICLE 1 RESTING IN A CREEK BED ALONG THE RIGHT SHOULDER OF THE ROADWAY (NORTH BOUND LANE); VEHICLE 2 STOPPED IN THE NORTH BOUND LANE OF TRAFFIC, APPROXIMATELY FORTY YARDS NORTH OF WHERE VEHICLE 1 AND VEHICLE 3 WERE LOCATED; AND VEHICLE 3 TO BE STOPPED IN THE NORTH BOUND LANE, WITH IT RESTING SIDEWAYS IN ITS LANE. I EXAMINED THE SCENE AND OBSERVED THE FOLLOWING: MARKINGS FROM VEHICLE 1 TRAVELING FROM NEAR THE CENTER LINE (SOUTH BOUND) IN TO THE NORTH BOUND LANE OF TRAFFIC; DEBRIS FROM VEHICLE 1 AND VEHICLE 3 LYING IN THE NORTH BOUND LANE OF TRAFFIC; TIRE MARKINGS FROM VEHICLE 2, WHICH WERE IN THE NORTH BOUND LANE JUST ABOVE THE DEBRIS LOCATION. I EXAMINED VEHICLE 1 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD TO BE DAMAGED, AND FRONT INSIDE AIRBAG DEPLOYMENT. I EXAMINED VEHICLE 2 AND OBSERVED THE FOLLOWING: THE VEHICLE ITSELF WAS NOT DAMAGED. HOWEVER, THE METAL OPEN FACE STYLE TRAILER'S REAR DRIVER SIDE WHEEL AND TRAILER AREA WAS DAMAGED. I EXAMINED VEHICLE 3 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD DAMAGE; AND INSIDE FRONT AIRBAG DEPLOYMENT. DIGITAL PHOTOGRAPHS OF THE SCENE WERE TAKEN.

VEHICLE 1 WAS TRAVELING SOUTH NEAR 7014 SISSONVILLE DRIVE. VEHICLE 1 TRAVELED LEFT OF CENTER INTO THE NORTH BOUND LANE OF TRAFFIC. VEHICLE 1'S FRONT DRIVER SIDE AREA STRUCK THE REAR DRIVER SIDE TRAILER AREA OF VEHICLE 2. THEN, VEHICLE 1 TRAVELED SOUTH IN THE NORTH BOUND LANE AND THEN ITS FRONT-END IT STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 TRAVELED OFF THE LEFT SIDE OF THE ROADWAY AND CAME TO A REST IN A CREEK BED.

DUE TO INJURIES, DRIVER 1, DRIVER 3, AND PASSENGER 1 (VEHICLE 3) WERE TRANSPORTED FROM THE SCENE TO C.A.M.C. GENERAL HOSPITAL IN CHARLESTON.

WITNESS 1, TERRI CHAPMAN (304-550-8792), PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, SHE STATED THE FOLLOWING: SHE HAD BEEN TRAVELING SOUTH ON SISSONVILLE DRIVE PRIOR TO THE INCIDENT AND OBSERVED IT TO TRAVEL LEFT OF CENTER. THEN, AT THE CRASH LOCATION, SHE OBSERVED VEHICLE 1 TRAVEL LEFT OF CENTER AND STRIKE THE REAR OF VEHICLE 2'S TRAILER. THEN, VEHICLE 1 PROCEEDED TO TRAVEL SOUTH IN THE NORTH BOUND LANE. VEHICLE 1 STRUCK THE FRONT OF VEHICLE 3 AND THEN LANDED IN THE CREEK.

WITNESS 2, RYAN WHITE (304-541-8505), PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, HE STATED THE FOLLOWING: AS HE WAS TRAVELING NORTH ON SISSONVILLE DRIVE, HE OBSERVED VEHICLE 1 TRAVEL ACROSS THE CENTER LINE AND STRIKE VEHICLE 2'S TRAILER. THEN, VEHICLE 1 CONTINUED SOUTH IN THE NORTH BOUND LANE AND STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 CAME TO A REST IN THE CREEK.

VEHICLE 1, VEHICLE 2'S TRAILER, AND VEHICLE 3 WERE TOWED FROM THE SCENE BY CHARLESTON AUTO. THEY WERE TOWED TO THEIR LOT IN SISSONVILLE.

I CLEARED FROM THE SCENE AND TRAVELED TO C.A.M.C. GENERAL HOSPITAL. UPON MY ARRIVAL, I OBTAINED AN AUDIO-RECORDED STATEMENT WITH DRIVER 3. ALSO, I OBTAINED AN AUDIO-RECORDED STATEMENT FROM PASSENGER 1 OF VEHICLE 3. HOWEVER, DUE TO DRIVER 1'S MEDICAL CONDITION (S.T.I.C.U. FLOOR), I WAS UNABLE TO OBTAIN A RECORDED STATEMENT.

Reported By: State Police Sheriff's Dept Municipal PD Other **Photos Taken:** Yes No **By Whom:** J. W. EARY
Video Taped: Yes No **By Whom:**

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: J.L. MILLER **Number:** 64 **Signature:**

Phone: (304) 357-0169 **ORI Number:** WV0200000 **Agency:** Kanawha Co SD

Assisting Officer's Name(s): J. W. EARY

Reconstructed: Yes No **By Whom:**

Date of Submission: 08/09/2019



**State of West Virginia Uniform Traffic Crash Report
*Diagram***

DOH Form: 17-dgrm
Revised: 02/2007

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Reporting Agency's Record Number: 2019-00030673

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

NO DIAGRAM

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number:		Vehicle Number:	01	Reporting Agency's Record Number:	2019-00030673	Page 4 of 16					
Vehicle Type:	<input checked="" type="radio"/> Motor Veh in Transport	<input type="radio"/> Parked Motor Veh / Trailer	<input type="radio"/> Working Veh / Equipment	Hit and Run:	<input checked="" type="radio"/> No, Did Not Leave Scene	Driver Present at Time of Crash:					
Owner's Name(s):	WHITE, THELMA CRYSTAL					<input type="radio"/> Yes, Driver Left Scene					
Address:	122 BRUCE ROAD					<input type="radio"/> Yes, Car and Driver Left Scene					
Make	TOYOTA	Model	COROLLA	Model Year	2008	Color	WHITE	Registration Status:	<input checked="" type="radio"/> Properly Registered	Ins. Co:	STATE FARM
VIN	2T1BR32E28C913773	Plate Class	A	License Plate Number	2PX470	State	WV	Reg Year	<input type="radio"/> Improperly Registered	Insurance:	Policy No.: 1351589E0648
Special Function of Motor Vehicle:											
<input checked="" type="radio"/> None	<input type="radio"/> Police	<input type="radio"/> Courtesy Patrol	<input type="radio"/> Emergency Vehicle:	<input type="radio"/> Public School Bus	<input type="radio"/> Commuter Bus	<input type="radio"/> Tour Bus	<input type="radio"/> Striking	Ins. Agent Name or Phone:	304-372-9117		
<input type="radio"/> Used as School Bus	<input type="radio"/> Ambulance	<input type="radio"/> Taxi	<input type="radio"/> Military	<input type="radio"/> Private School Bus	<input type="radio"/> Shuttle Bus	<input type="radio"/> Church Bus	<input type="radio"/> Struck	Vehicle Impact Role:			
<input type="radio"/> Used as Other Bus	<input type="radio"/> Fire Truck	<input type="radio"/> Military	<input type="radio"/> Other	<input type="radio"/> Scheduled Service Bus	<input type="radio"/> Modified for Personal/Private Use	<input type="radio"/> Both	<input type="radio"/> Occupant	Exp Date:	11/06/2019		
Direction of Travel Before Crash:											
<input type="radio"/> Northbound	<input checked="" type="radio"/> Eastbound	<input type="radio"/> Not on Road	<input type="radio"/> Two-Way, Not Divided	<input type="radio"/> Two-Way, Divided, Unprotected Median	<input type="radio"/> Two-Way, Divided, with Median Barrier	<input type="radio"/> Two-Way, Divided	<input type="radio"/> Cont. Left Turn Lane	Total Lanes in Roadway:			
<input checked="" type="radio"/> Southbound	<input type="radio"/> Westbound	<input type="radio"/> Unknown	<input type="radio"/> Two-Way, Not Divided	<input type="radio"/> Two-Way, Divided, Unprotected Median	<input type="radio"/> Two-Way, Divided, with Median Barrier	<input type="radio"/> Two-Way, Divided	<input type="radio"/> Cont. Left Turn Lane	For Undivided Highways:			
Traffic Control Device Type:											
<input checked="" type="radio"/> None	<input type="radio"/> Yield Sign	<input type="radio"/> School Zone Signs	<input type="radio"/> Warning Signs	<input type="radio"/> Railroad Crossing Device	<input type="radio"/> Other	<input type="radio"/> Curve Left	<input type="radio"/> Sag (Bottom)	Extent of Damage:			
<input type="radio"/> Person (Flagger, etc.)	<input type="radio"/> Flashing Overhead Signal	<input type="radio"/> Stop Sign	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Curve Right	<input type="radio"/> Hillerest	Vertical Alignment:			
Traffic Control Functioning Properly:											
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No Underdrive or Override	<input type="radio"/> Uphill	Two-Way, Divided, Unprotected Median			
<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Underdrive, Compartment Intrusion	<input type="radio"/> Sag (Bottom)	Two-Way, Divided, with Median Barrier			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Underdrive, No Compartment Intrusion	<input type="radio"/> Hillerest	Two-Way, Divided			
Vehicle Maneuver / Action:											
<input checked="" type="radio"/> Essentially Straight Ahead	<input type="radio"/> Making U-Turn	<input type="radio"/> Slowing	<input type="radio"/> Stopping	<input type="radio"/> Braking - Skidmarks Evidence	<input type="radio"/> Braking - Driver Stated	<input type="radio"/> Braking - Other Evidence	<input type="radio"/> Steering - Evidence or Stated	Contributing Circumstances, Motor Vehicle (Select up to 2):			
<input type="radio"/> Backing	<input type="radio"/> Changing Lanes	<input type="radio"/> Overtaking / Passing	<input type="radio"/> Leaving Traffic Lane	<input type="radio"/> Entering Traffic Lane	<input type="radio"/> Negotiating a Curve	<input type="radio"/> Other	<input type="radio"/> Steering and Braking	<input type="radio"/> None	Tires	GVWR or GCWR:	
<input type="radio"/> Turning Right	<input type="radio"/> Turning Left	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Brakes	<input type="radio"/> Less Than or Equal To 10,000lbs	Brakes		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Other	<input type="radio"/> Wipers	<input type="radio"/> 10,001 - 26,000 lbs	Wipers		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Other	<input type="radio"/> Steering	<input type="radio"/> More Than 26,000lbs	Steering		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Other	<input type="radio"/> Power Train	Number of Axles: 02	Power Train		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Other	<input type="radio"/> Mirrors	Total / Max Occupants of Veh: 0 1 / 0 5	Mirrors		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Other	<input type="radio"/> Suspension	Occupants of Veh: 0 1 / 0 5	Suspension		
Displaying Hazardous Materials Placard:											
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	Manner in which Vehicle was Removed from Scene:			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	Driven	<input type="radio"/> Towed Due to Damage	Left at Scene	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	Towed to: CHARLESTON AUTO	Towed by: CHARLESTON AUTO		

Crash Record Number: Vehicle Number: 01 Reporting Agency's Record Number: 2019-0030673 Page 5 of 16

Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left
- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision Collision With:
- 15 Pedestrian
- 16 Pedalcycle
- 17 Railroad Vehicle
- 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equipment
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

Single Unit Vehicle Motorcycle ATV Pass. Veh. Towing Unit

13 Top 14 Undercarriage

</div



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page) 01

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Reporting Agency's Record Number: 2019-00030673

Driver's Name: WHITE	First	Middle	Suffix
Last	THELMA	CRYSTAL	

Address: <input checked="" type="radio"/> Same as Veh Owner	122 BRUCE ROAD	KENNA	City	WV	25248
				State	Zip Code

Home Phone: (304) 532-8641 Other Phone:

Driving License:

License Type:

Not Licensed GDL Level 1 CDL Instruction Permit
 Driving License GDL Level 2 Motorcycle Instruction Permit
 Instruction Permit GDL Level 3 Motorcycle Only

CDL Class:

A B C

Issuing State: WV

Lic. Number: E210348

Date of Birth:

License Restrictions: (Select All that Apply)

None
 Corrective Lenses
 Mechanical Devices
 Prosthetic Aid
 Automatic Transmission
 Outside Mirror
 Limit to Daylight Only
 Limit to Employment
 Must Be Accompanied by Adult

Limited - Other
 CDL Intrastate Only
 Motor Vehicles w/o Air Brakes
 Military Vehicles Only
 Except Class A Bus
 Except Class A and Class B Bus
 Except Tractor - Trailer
 Farm Waiver
 Other

Endorsements: (Select Up to 5)

None
 T - Double/Triple Trailers
 P - Passenger Vehicle
 S - School Bus
 N - Tank Vehicle
 H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

None
 Ran Off Road
 Failed to Yield Right of Way
 Disregarded Traffic Signs
 Ran Red Light
 Disregarded Other Road Markings
 Exceeded Posted Speed Limit
 Drove Too Fast For Conditions

Improper Turn
 Improper Backing
 Improper Passing
 Wrong Side or Wrong Way
 Followed Too Closely
 Failed to Keep in Proper Lane
 Operated Veh in Erratic, Reckless, or Careless Manner

Operated Veh in Aggressive Manner
 Swerved or Avoided
 Over Correcting / Over Steering
 Other Improper Action

Driver Use of Alcohol Suspected:

No
 Yes
 Unknown

Test Given
 None Given
 Test Refused

Type of Alcohol Test Given (Select Up to 2):
 Blood Breath Urine
 Serum Field Other:

PBT Results:
 Pass
 Fail

BAC Results:
 Pending
 Unknown

Driver Use of Drugs Suspected:

No
 Yes
 Unknown

Drug Test Given:
 Test Given
 None Given
 Test Refused
 Unknown if Tested

Type of Drug Test Given:
 Blood DRE
 Serum Urine
 Urine Other

Drug Test Results (Check All that Apply):

None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

Not Distracted
 Electronic Communication Device

Other Electronic Device
 Other Inside Vehicle

Other Outside Vehicle

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Vehicle Number (from Vehicle Data Page) 01

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Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning

STATEMENT OF DRIVER:

DUE TO DRIVER'S MEDICAL CONDITION, SHE WAS UNABLE TO SPEAK TO PROVIDE A RECORDED STATEMENT.

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

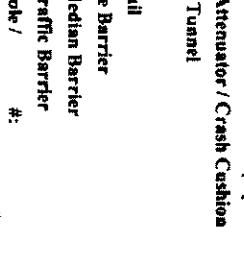
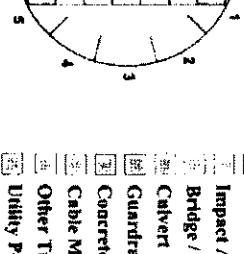
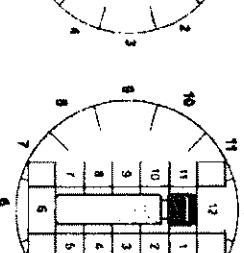
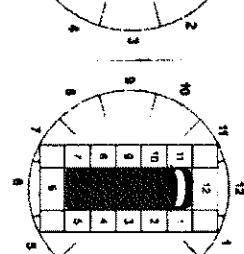
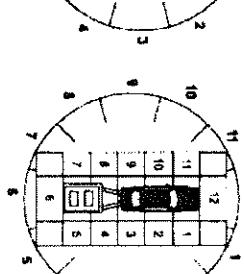
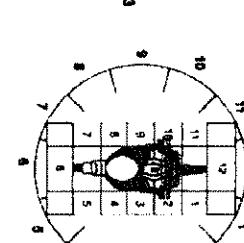
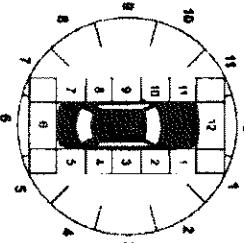
- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Crash Record Number:**Vehicle Number:** 02 **Reporting Agency's Record Number:** 2019-00030673**Page 9 of 16****Crash Events:**

01 Overturn / Rollover
 02 Fire / Explosion
 03 Immersion
 04 Jackknife
 05 Cargo/Equipment Loss or Shift
 06 Equipment Failure
 07 Separation of Units
 08 Ran Off Road Right
 09 Ran Off Road Left

**Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:**

Single Unit Vehicle Motorcycle ATV Pass. Veh. Towing Unit Bus

Tractor Trailer Car

Utility Pole / Light Support Other Harmful Event: 19

Property Damaged Other Than Vehicles:

None Work Zone / Maintenance Equipment
 Impact Attenuator / Crash Cushion Bridge / Tunnel
 Culvert Guardrail
 Concrete Barrier Cable Median Barrier
 Other Traffic Barrier

Utility Pole / Light Support Other Post, Pole or Support
 Traffic Sign Support Fence
 Mailbox Other Fired Object

Using the Numbers from the Diagram Above, Identify the Following:

13 Top 13 Top 13 Top 13 Top

14 Undercarriage 14 Undercarriage 14 Undercarriage

14 Undercarriage 14 Undercarriage

14 Undercarriage 14 Undercarriage

14 Undercarriage 14 Undercarriage

Number of Trailing Units: 1**Trailing Unit #1:** Same as Power Unit

Carrier / Owner's Name: SCOTT, JOHN

Address: 722 NORTH HILLS DR

CHARLESTON

(In)

WV

Phone: (304) 926-6662

State

25387

Zip Code

Year

2020

Make

Model

Model Year

Body Type

WDOWH

Private

City

Other:

Utility Company

Other:



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page) .02

Page 10 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name:	ELDER	Last	DEMETRIUS	First	S	Middle	Suffix
Address:	<input checked="" type="radio"/> Same as Veh Owner	5243 DALEWOOD DR LOT 186		CROSS LANES		City	WV State Zip Code

Home Phone: (304) 926-6662 Other Phone:

Driving License:

License Type:

Not Licensed GDL Level 1 CDL Instruction Permit
 Driving License GDL Level 2 Motorcycle Instruction Permit
 Instruction Permit GDL Level 3 Motorcycle Only

CDL Class:

A B C

Issuing State: WV

Lic. Number: F822510

Date of Birth:

Status:

Valid Expired Suspended
 Revoked Probation Surrendered
 Valid/Interlock Fraudulent

License Restrictions: (Select All that Apply)

None
 Corrective Lenses
 Mechanical Devices
 Prosthetic Aid
 Automatic Transmission
 Outside Mirror
 Limit to Daylight Only
 Limit to Employment
 Must Be Accompanied by Adult

Limited - Other
 CDL Intrastate Only
 Motor Vehicles w/o Air Brakes
 Military Vehicles Only
 Except Class A Bus
 Except Class A and Class B Bus
 Except Tractor - Trailer
 Farm Waiver
 Other

Endorsements: (Select Up to 5)

None
 T - Double/Triple Trailers
 P - Passenger Vehicle
 S - School Bus
 N - Tank Vehicle
 H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

Driver Condition at Time of Crash:

Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

None
 Ran Off Road
 Failed to Yield Right of Way
 Disregarded Traffic Signs
 Ran Red Light
 Disregarded Other Road Markings
 Exceeded Posted Speed Limit
 Drove Too Fast For Conditions
 Improper Turn
 Improper Backing
 Improper Passing
 Wrong Side or Wrong Way
 Followed Too Closely
 Failed to Keep in Proper Lane
 Operated Veh in Erratic, Reckless, or Careless Manner
 Operated Veh in Aggressive Manner
 Swerved or Avoided
 Over Correcting / Over Steering
 Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

Alcohol Test Given:

Type of Alcohol Test Given (Select Up to 2):

PBT Results:

BAC Results:

No
 Yes
 Unknown

Test Given
 None Given
 Test Refused

Blood Breath Urine
 Serum Field Other:

Pass
 Fail

Pending
 Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

Drug Test Given:

Type of Drug Test Given:

Drug Test Results (Check All that Apply):

No
 Yes
 Unknown

Test Given
 None Given
 Test Refused
 Unknown if Tested

Blood DRE
 Serum Urine
 Other

None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

Not Distracted
 Electronic Communication Device

Other Electronic Device
 Other Inside Vehicle

Other Outside Vehicle

Crash Record Number:**Vehicle Number (from Vehicle Data Page)****Page 11 of 16****Reporting Agency's Record Number:** 2019-00030673**Known or Suspected Violation(s) by Driver:** No Violations**Reckless/Careless/Hit and Run Type Offenses**

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>

STATEMENT OF DRIVER:

* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number:

Vehicle Number: 03

Reporting Agency's Record Number: 2019-00030673

Page 12 of 16

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / EquipmentHit and Run: No, Did Not Leave Scene

Driver Presence at Time of Crash:

 Yes, Driver Left Scene Driver Operated Vehicle

Owner's Name(s): HUFFMAN, RICK

Address: 301 RUCKER ST APT B

City: MADISON

State: WV

Zip Code: 25130

(304) 601-6129

Home Phone

Other Phone

Make: DODGE

Model: CALIBER

Model Year: 2007

Body Type:

Color:

Registration Status:

Proof of Liability:

Insurance:

Ins. Co.:

W.V. NATIONAL AUTO

VIN: 1B3HB2B67D154828

A

Plate Class: 84H271

License Plate Number:

SILVER

State:

Reg Year:

Improperly Registered:

Yes

No

Not Req

Exp Date:

10/10/2019

Special Function of Motor Vehicle:

Used as an:

Emergency

Vehicle:

Police

Ambulance

Taxi

Military

Courtesy Patrol

Used as Other Bus

No

Yes

Scheduled Service Bus

Commuter Bus

Tour Bus

Church Bus

Shuttle Bus

Modified for Personal/Private Use

Struck

Both

Direction of Travel Before Crash:

Northbound

Eastbound

Southbound

Westbound

Unknown

40

Limit (MPH):

Two-Way, Not Divided

Two-Way, Divided, w/ Cont. Left Turn Lane

One-Way Roadway

Two-Way, Divided, with Median Barrier

Two-Way, Unprotected Median

For Divided Highways:

Count Total Lanes in Both Directions.

(Excluding Designated Turn Lanes)

Count Only Lanes in Direction

Vehicle was Traveling Prior to Crash.

2

Traffic Control Device Type:

None

Yield Sign

School Zone Signs

Warning Signs

Railroad Crossing Device

Other

Applicable Speed:

Roadway Description:

Two-Way, Not Divided

Two-Way, Divided, with Median Barrier

One-Way Roadway

Two-Way, Divided, Unprotected Median

For Divided Highways:

Count Total Lanes in Both Directions.

(Excluding Designated Turn Lanes)

Count Only Lanes in Direction

Vehicle was Traveling Prior to Crash.

2

Horizontal Alignment:

Straight

Curve Right

Curve Left

Hillcrest

Downhill

Vertical Alignment:

Level

Uphill

Sag (Bottom)

Veh Travel Speed (MPH):

Hillcrest

Downhill

Total Lanes in Roadway:

For Divided Highways:

Count Total Lanes in Both Directions.

(Excluding Designated Turn Lanes)

For Divided Highways:

Count Only Lanes in Direction

Vehicle was Traveling Prior to Crash.

2

Underdrive / Override:

No Underdrive or Override

Underdrive, Compartment Intrusion

Underdrive, No Compartment Intrusion

Override, Motor Vehicle in Transport

Override, Other Motor Vehicle

Underdrive, Compartment Intrusion Unknown

Underdrive, Motor Vehicle in Transport

Underdrive, Other Motor Vehicle

Extent of Damage:

No Damage

Minor Damage

Functional Damage

Disabling Damage

Vehicle Maneuver / Action:

Essentially Straight Ahead

Making U-Turn

Backing

Slowing

Stopped in Traffic

Leaving Traffic Lane

Entering Traffic Lane

Negotiating a Curve

Steering and Braking

Other

None

Brakes

Wipers

Lights (Head, Signal, Tail, etc.)

Steering

Windows

Power Train

Truck Coupling/Trailer

Mirrors

Hitch/Safety Chains

Suspension

Other

None

Tires

Wheels

Occupants of Veh:

Total / Max

0 2 / 0 5

Manner in which Vehicle was Removed from Scene:

Driven

Towed Due to Damage

Towed Due to Driver Condition

Left at Scene

Occupants of Veh:

0 2 / 0 5

Displaying Hazardous Materials Placard:

No Fire

Yes, Vehicle Caught Fire

No

Yes

Caught Fire

No

Yes

Towed to: CHARLESTON AUTO

Towed by: CHARLESTON AUTO

Crash Record Number:

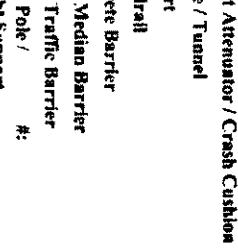
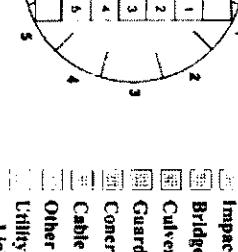
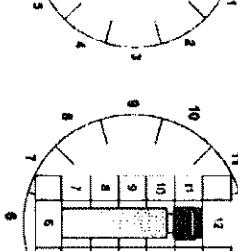
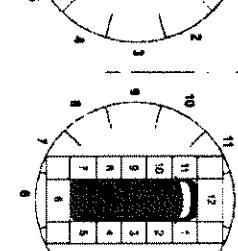
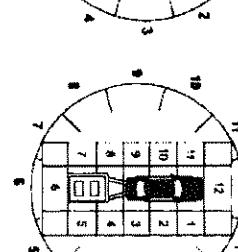
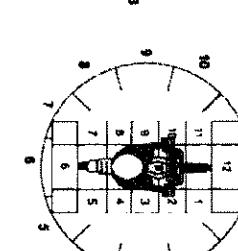
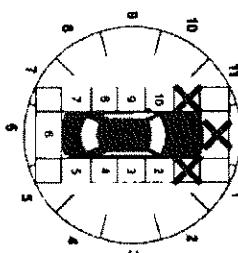
Vehicle Number: 03

Reporting Agency's Record Number: 2019-00030673

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Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left



Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

- Single Unit Vehicle
- Motorcycle
- ATV
- Pass. Veh. Towing Unit
- Bus
- Tractor Trailer

- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision
- 15 Collision With:
- 16 Pedestrian
- 17 Railroad Vehicle
- 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Calf
- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support

- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

- Sequence of Events:
- 19

Most Harmful Event: 19

Property Damaged Other Than Vehicles:

- X None
- 40 Work Zone / Maintenance Equipment
- 41 Impact Attenuator / Crash Cushion
- 42 Bridge / Tunnel
- 43 Culvert
- 44 Guardrail
- 45 Concrete Barrier
- 46 Cable Median Barrier
- 47 Other Traffic Barrier
- 48 Utility Pole / Light Support
- 49 Traffic Sign Support
- 50 Other Post, Pole or Support
- 51 Fence
- 52 Mailbox
- 53 Other Fixed Object

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: 12

Most Damaged Area: 12

Phone: _____

13 Top

14 Undercarriage

13 Top

14 Undercarriage

13 Top

14 Undercarriage

Phone: _____

13 Top

14 Undercarriage

13 Top

14 Undercarriage

13 Top

14 Undercarriage

Phone: _____

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14 Undercarriage

Phone

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page) 03

Page 14 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name:	HUFFMAN	Last	RICK	First	L	Middle		Suffix
Address:	Same as Veh Owner	301 RUCKER ST APT B			MADISON		WV	25130
						City	State	Zip Code

Home Phone: (304) 601-6129

Other Phone:

Driving License:

License Type:

Not Licensed GDL Level 1 CDL Instruction Permit
 Driving License GDL Level 2 Motorcycle Instruction Permit
 Instruction Permit GDL Level 3 Motorcycle Only

CDL Class:

A B C

Issuing State: WV

Lic. Number: E356031

Date of Birth:

License Restrictions: (Select All that Apply)

None
 Corrective Lenses
 Mechanical Devices
 Prosthetic Aid
 Automatic Transmission
 Outside Mirror
 Limit to Daylight Only
 Limit to Employment
 Must Be Accompanied by Adult

Limited - Other
 CDL Intrastate Only
 Motor Vehicles w/o Air Brakes
 Military Vehicles Only
 Except Class A Bus
 Except Class A and Class B Bus
 Except Tractor - Trailer
 Farm Waiver
 Other

Endorsements: (Select Up to 5)

None
 T - Double/Triple Trailers
 P - Passenger Vehicle
 S - School Bus
 N - Tank Vehicle
 H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

Status:

Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

None
 Ran Off Road
 Failed to Yield Right of Way
 Disregarded Traffic Signs
 Ran Red Light
 Disregarded Other Road Markings
 Exceeded Posted Speed Limit
 Drove Too Fast For Conditions
 Improper Turn
 Improper Backing
 Improper Passing
 Wrong Side or Wrong Way
 Followed Too Closely
 Failed to Keep in Proper Lane
 Operated Veh in Erratic, Reckless, or Careless Manner
 Operated Veh in Aggressive Manner
 Swerved or Avoided
 Over Correcting / Over Steering
 Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

No
 Yes
 Unknown

Alcohol Test Given:

Test Given
 None Given
 Test Refused

Type of Alcohol Test Given (Select Up to 2):

Blood Breath Urine
 Serum Field Other:

PBT Results:

Pass
 Fail

BAC Results:

Pending
 Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

No
 Yes
 Unknown

Drug Test Given:

Test Given
 None Given
 Test Refused
 Unknown if Tested

Type of Drug Test Given:

Blood DRE
 Serum Urine
 Urine Other

Drug Test Results (Check All that Apply):

None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

Not Distracted
 Electronic Communication Device

Other Electronic Device
 Other Inside Vehicle

Other Outside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) 03Page 15 of 16

Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

 No Violations**Reckless/Careless/Hit and Run Type Offenses**

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

STATEMENT OF DRIVER:

• REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

State of West Virginia Uniform Traffic Crash Report
Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

2019-00030673

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Indiv #	Last	First	Middle Init.	Occupant #	Type	Social Security #	Birthdate	Age	Gender	Injury	Row	Seat	Other	Seating Position			Occupant Protection		
														Suffix	Used	Type	Proper Use	App. Helmet	
01	WHITE	THELMA	CRYSTAL	01	01				F	B	1	1		01					
02	ELDER	DEMETRIUS	S	02	01				M	O	1	1		02	03				
03	HUFMAN	RICK	L	03	01				M	B	1	1		01	03				
04	COOPER	JAMES	S	03	02				M	B	1	3		01	03				
Injury Status Codes:																Type of Occupant Protection System Used Codes:			
01 Driver																01 None Used	07 Booster Seat		
02 Passenger																02 Shoulder and Lap Belt Used	08 Helmet Used		
03 Occupant of Motor Veh Not in Transport																03 Shoulder Bolt Only Used	09 Restraint Used - Type Unknown		
04 Unknown Vehicle Passenger																04 Lap Belt Only Used	10 Other		
Gender:																05 Child Restraint System - Forward Facing	11 Unable to Determine - Due to Vehicle Damage		
M Male																06 Child Restraint System - Rear Facing			
F Female																07 Approved Helmet:			
01 Driver																01 Used Properly			
02 Passenger																02 Used Improperly			
03 Occupant of Motor Veh Not in Transport																03 Unknown			
04 Unknown Vehicle Passenger																			
05 Occupant of Motor Veh Not in Transport																			
06 Unknown																			
07 Approved Helmet:																			
08 Occupant of Motor Veh Not in Transport																			
09 Occupant of Motor Veh Not in Transport																			
10 Unable to Determine - Due to Vehicle Damage																			
Indiv # from Air- bag Above	Air- bag Trapped	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency	EMS Response ID #	Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death				
01	01	01	01		02	K132		2019-00018094	C.A.M.C. GENERAL HOSPITAL	0753	0808	0835							
02	05	01	01																
03	01	01	01		02	K91		2019-00018094	C.A.M.C. GENERAL HOSPITAL	0746	0751	0815							
04	01	01	01		02	K104		2019-00018094	C.A.M.C. GENERAL HOSPITAL	0800	0817	0850							
Airbag Deployed Codes:																Ejection Codes:			
01 Deployed (This Side):																01 Not Ejected	01 Thru Side Door Opening	05 Thru Back Door / Tailgate Opening	
01 Front																02 Ejected, Partially	02 Thru Side Window	09 Unknown Path	
02 Side																03 Ejected, Totally	03 Thru Windshield	06 Thru Roof Opening	
03 Other																04 Unknown	04 Thru Back Window	07 Thru Convertible (Top Up) Roof	
04 Multiple Directions																		Place of Victim's Death:	
(Front and Side)																			
09 Disabled or Removed																			
10 Unable to Determine - Due to Vehicle Damage																			
01 Not Transported																03 Law Enforcement	05 Other	01 At Scene	
02 EMS																04 Refused	06 Unknown	02 En Route	
03 At Medical Facility																		03 Home	
04 Home																		04 Other	